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About PPI Pulse

PPI Pulse is produced by the Nuffield Department of Primary Care Health Sciences (NDPCHS), University of Oxford, and the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Oxford. We also produce, with other partners, the ‘Involvement Matters’ bulletin, filled with current training and other opportunities to get involved in research, health services and commissioning. Involvement Matters is sent out on a roughly monthly basis, depending on the available opportunities.

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www.phc.ox.ac.uk | @OxPrimaryCare
www.clahrc-oxford.nihr.ac.uk | @CLAHRC_Ox

Nuffield Department of Primary Care Health Sciences
University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford, OX2 6GG
Tel: 01865 617198
Email: ppi@phc.ox.ac.uk
Debating Vaping

We speak to Jamie Hartmann-Boyce, senior researcher in the Nuffield Department of Primary Care Health Sciences, about her song-writing and 'vape-debate' adventures at Curiosity Carnival, a huge event at Oxford University that brought Oxford's incredible research to the public as part of European Researchers' Night.

What is your research area?
I work as a senior researcher in health behaviours, focusing on obesity and tobacco control. Most of my work consists of systematic reviews of interventions to help people quit smoking or to help people lose weight – this involves going out and reviewing all of the studies on a topic, and then bringing them together so that people making decisions – whether they be patients, carers, doctors, or policy makers - have the best available evidence to hand.

What was the activity that you organised?
My particular activity for the Carnival involved working with a science singer-song writer (Jonny Berliner) to write a song about electronic cigarettes.

What did you learn from the experience?
Putting research findings into a song presented a unique challenge in terms of communicating findings succinctly whilst still maintaining accuracy. It was great to work with Jonny because it really helped me clarify what I wanted to communicate. It's also been exciting that the song has existed beyond the Carnival itself - I put a recording up online a couple of days ago and tweeted about it, and already it's been listened to almost 400 times.

Why do you think engaging the public with your research is important?
I think it's incredibly important that researchers engage with the public, and I feel this particularly strongly when it comes to public health research. The research I do is funded by taxpayers and charities, and I view it as a moral imperative to share our findings with as many people as possible, so that they have the best available evidence to hand when making decisions about their health.

Why did you want to take part in Curiosity Carnival?
I thought the Curiosity Carnival would be a great avenue through which to engage with the public further, and the research I focused on as part of the Carnival was our recent review of electronic cigarettes.

The reason I was so keen to focus my activity on this particular area is that there is still a lot of uncertainty amongst the public about whether people who smoke should switch to electronic cigarettes. Despite the fact that an estimated 2.9 million adults in Great Britain currently use e-cigarettes, in a recent nationwide survey, only 13% of the British public accurately understood that e-cigarettes are a lot less harmful than smoking, and I think it's really important to get the best available evidence out there. Plus, I thought the Carnival sounded fun - and quite different from what I do in my day job!

Why do you think engaging the public with your research benefited you?
Engaging the public with our research has benefited me in a number of ways – personally, it keeps me motivated, and reminds me regularly why I choose to work in the field I do. It also helps keep me to task in terms of focusing our research questions on what's really important. And as an added bonus, it gets me out of the office and using my more creative side.

Listen to the song on YouTube at: bit.ly/CCVapeDebate

Originally published by Oxford University's Medical Sciences Division: www.medsci.ox.ac.uk/research/labtalk/jamie-hartmann-boyce-sharing-research-at-curiosity-carnival
Oxfordshire in top 10 of NHS research league table

The National Institute for Health Research (NIHR) recently published national level data examining the number of research studies being carried out in the NHS across England, as well as the number of people volunteering to take part in clinical research studies as participants. And, as in previous years, Oxfordshire-based organisations have a good showing in the top 10 listings.

The data shows that the number of participants recruited into clinical research studies in 2016-17 exceeded 665,000, the highest number of clinical research participants in any given year.

The substantial rise represents a 10 per cent increase in the last year alone.

Over the last five years, the NIHR has recruited more than 3.1 million participants into clinical research studies, enabling more patients to potentially benefit from improved care.

Both patients and healthy volunteers are encouraged to talk to their healthcare practitioners about participating in clinical research, as latest figures show that a growing number of NHS trusts and general practices are research active.

In 2016-17, 99 per cent of NHS trusts and 48 per cent of general practices recruited participants into clinical research.

The NIHR supports clinical research to be set up and delivered more efficiently across healthcare in England. The number of clinical research studies delivering in line with the study’s planned delivery targets have increased significantly over the last five years.

Health Minister, Lord O’Shaughnessy said: “This record increase in participants taking part in research and clinical studies is excellent news. The benefits of research are clear – more advanced and effective treatments for NHS patients both now and in the future.

That’s why this Government is putting record amounts of funding into medical research, including £1 billion through the National Institute for Health Research last year alone.”

Oxford University Hospitals NHS FT and Oxford Health NHS FT both had the second highest number of recruiting studies for acute and mental health trusts respectively. While Oxfordshire CCG took the number one spot for highest number of studies among all CCG’s in England.

Exact figures for our region can be seen below.

All Data taken from: www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/league-table-2016-17.htm
Oxford AHSN’s ‘Imaging Clinical Network’ has funded and coordinated a series of videos to explain diagnostic imaging, taking patients through the procedures to show them what their experience will look and feel like.

The video’s were produced as patients can often feel nervous, stressed or anxious when attending a diagnostics appointment, as they don’t know what to expect.

Each video is narrated by a patient who has been through the process themselves, adding to its credibility.

“When I was asked to be part of this video, I thought it was a great idea to help inform and reassure patients about what it’s like to have an MRI scan and help alleviate concerns,” says patient narrator, Becky. “Other patients who have seen the video before coming for their MRI have told me it has really helped put them at ease, which is great to hear.”

The videos cover a range of diagnostic methods and are recorded in different locations across the Oxford AHSN region – but their messages are universal.

Visit the AHSN for more information: www.oxfordahsn.org/our-work/clinical-networks/imaging/

All videos can be found on the Oxford AHSN’s YouTube Channel: bit.ly/OXAHSNVIDS

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Clearer communication by GPs could speed up cancer diagnosis

Deciding when to return to the GP when symptoms do not resolve is something many people struggle with, especially when the symptoms may not appear to be serious or life-threatening.

Research with cancer patents in Denmark, England, and Sweden, recently published in BMJ Open, indicates that small changes to how doctors conclude consultations with their patient could help to improve both survival rates and efficiency.

The study compared Denmark, England, and Sweden because survival rates for lung and bowel cancer between 1995 and 2007 were persistently higher in Sweden than in Denmark or England, particularly in the first year following diagnosis.

Notable differences between the three countries were found in patients’ accounts of the clarity and communication of action plans at the end of GP consultations. Patients in England and Denmark told the researchers that they had not known whether and when to return to their GP with symptoms, while Swedish patients described clear action plans with instructions from their GP to return in specified timeframes.

The study concluded that if clear action plans are used routinely in primary care consultations then uncertainty, false reassurance, and the inefficiency and distress of multiple consultations during cancer diagnosis could be reduced.

For more detail visit: www.phc.ox.ac.uk/news/clearer-communication-by-gps-could-speed-up-cancer-diagnosis

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Trust me, I’m a Doctor: Mental health special

Professor Belinda Lennox, CLAHRC Oxford Deputy Director and ‘Early intervention and service redesign’ theme leader, was featured in a special mental health episode of the BBC’s flagship medical show ‘Trust me, I’m a Doctor’.

The programme, first broadcast on 1 November, touched on a wide variety of mental health issues, including the best ways to beat stress, how sleep affects mental health, food and mood, and Professor Lennox’s research looking at the link between the immune system and the development of psychosis.

As well as her role with CLAHRC Oxford, Professor Lennox is also a Consultant Psychiatrist at Oxford Health NHS Foundation Trust and Associate Professor and Senior Clinical Lecturer in the University of Oxford’s Department of Psychiatry.
**PPI news & resources**

**What Works? Patient and Stakeholder Engagement for Sexual Assault Referral Centres**

*By John Trevains, Assistant Director Nursing, Patient Experience and Safeguarding NHS England, South (South Central and South West), taken from the forward to the report “What Works? Patient and stakeholder engagement for sexual assault” from NHS England.*

My role at NHS England South Central is to lead on monitoring, overseeing and promoting good quality patient experience and safeguarding. While some people might see these two areas as something separate, they come together very acutely within the context of a sexual assault referral centre (SARC).

Via my safeguarding work, I am especially mindful that SARCs provide a vital service to people in a very unfortunate and exceptionally distressing situation. We also hear that people who access these services are often also vulnerable and excluded in society. Last year we published a report to highlight how to effectively engage with survivors and victims’ during the evaluation and engagement process.

One of the main reasons for commissioning this report was to shine a light and put some additional focus on people’s current experience of SARCs.

We wanted to identify good practice within SARCs and find out what they are doing well, so we can share this information to encourage best practice. We also want to learn from innovative engagement work happening more widely in the public, third and voluntary sectors; learning from those who are working with vulnerable and excluded groups in society and who also provide sensitive services.

What are people doing well? What are some of the common challenges we face and how can we overcome them? Is there a joint solution to these challenges?

With the aim of improving the quality of safeguarding vulnerable people, this report is an opportunity to bring patient experience and safeguarding together. It helps us seek out intelligence on how safeguarding duties are being fulfilled within the SARC; how this fits with improving patient experience for the individual and identifies opportunities to remedy areas of concern.

**Download the report at:**

[bit.ly/SARCS](bit.ly/SARCS)

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**CR UK demonstrates impact of involving patients**

Cancer Research UK recently published a new report full of ‘inspiring stories that show the impact of people affected by cancer and Cancer Research UK working together.’

The report is introduced by Derek Stewart OBE, Associate Director for Patient & Public Involvement and Engagement at the NIHR Clinical Research Network (CRN), and is split into a number of sections including:

- Urgent Referrals
- Cancer Policy
- Cancer Prevention
- A Smoke-free UK
- Cancer information; and
- Tackling Big Questions

You can view the report online at:


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**PPI case studies for researchers**

The NIHR CLAHRC Oxford and the Nuffield Department of Primary Care Health Sciences have recently released a series of PPI case studies for researchers.

The aim is to give researchers ideas about the many different ways they could involve patients and the public in their research using real-world examples. They also demonstrate the positive difference the researchers feel that engaging with patient and public groups has had on their research.

Case studies include “Attending an existing group to do PPI”, by Dr James Sheppard — featured in PPI Pulse’s ‘meet a researcher’ interview in the Autumn 2017 edition — “Running an ongoing PPI group”, by Dr Phil Turner of the NIHR Community Healthcare MedTech and In Vitro Diagnostics Co-operative, among others.

With more to be added as time goes on, you can find them all on the CLAHRC Oxford website.

Read online at:

Both the Nuffield Department of Primary Care Health Sciences and National Institute for Health Research really value the contribution of their public volunteers in Oxford, and so we wanted to give them something in return for all their help with our studies.

So, last autumn we organised a series of six workshops to talk about some of the basics behind medical research, so that they could feel a little more knowledgeable when they attend our meetings. We also gave them a nice lunch and a chance to meet with other volunteers, so that they would feel less isolated in this role.

It was also our aim to help improve volunteer’s ability to make a useful contribution in their PPI role, as they would have more understanding of the terminology and concepts that lie behind research. This would help them to be more confident, but also to be able to judge better when a naïve question is appropriate – after all they are there to give an outside opinion!

Our attendees came from far and wide, travelling in from London, Birmingham, Leamington Spa and Cheltenham - a sign of how valuable people thought these workshops could be. Overall we had 40 people signing up for 77 sessions between them, and one person came to all six! The evaluation of the series was overwhelmingly positive with 98% of those who completed an evaluation stating they were glad they had attended.

We held the workshops in a variety of community settings including Exeter Hall in Kidlington, West Oxford Community Centre and the Asian Cultural Centre, as well as here at Oxford University.

We were delighted that our speakers freely gave their time and told us that they too had benefited from the experience. The way in which they worked to engage their audience was critical to the overall success of these events.

For example, Dr Roy was able to talk about the research cycle from her very real experience as a clinician and a researcher and was able to demonstrate, using real-world examples from her own practice, how PPI had influenced the identification of the problem and all the way through the research cycle to the change in clinical practice.

Dr Haywood outlined the types of trials; Pilot & feasibility studies, randomised controlled trials, systematic reviews, meta analyses, cohort studies and qualitative research, so that the delegates had a clearer understanding of what they may be asked to get involved with.

Many of the speakers were also able to use entertaining resources to engage their audience, such as this gem (bottom left) from the Cornwall General Hospital, 1897.

Feedback included:

“An excellent, thought-provoking session, thank you.”

“Presenter was very knowledgeable and engaging, encouraging discussion and came across as really where and how PPI fits into trials.”

“You have put together an excellent programme which is, I believe, hugely successful. Well done!”

Our public contributors have asked for more workshops like this, so we’re planning a second series for Autumn 2018.

To be kept up to date on all events and opportunities from CLAHRC Oxford and our partners visit: www.clahrc-oxford.nihr.ac.uk/upcoming-events
Talking about weight management with children and families

Charlotte Albury is a contributing author on Public Health England’s step-by-step guide to conversations about weight management with children and families for health and care professionals.

Kate Farrington asked Charlotte about her research and her involvement in the development of the guidelines.

Charlotte is an NIHR School for Primary Care Research-funded DPhil student in Oxford University’s Nuffield Department of Primary Care Health Sciences.

**How does your research relate to child weight management?**

My research explores conversations about weight management in primary care where patients are offered a free referral to commercial weight management services. My work looks at how to have often sensitive conversations about weight management in a ways which are helpful, useful and which facilitate action.

The area of child weight management has a smaller evidence base, so I contributed areas of my work which could be transferable to child weight management where parents are offered a free referral for their family. This included first hand research combined with my systematic literature review of health behaviour change talk across medical settings which enabled me to identify common strategies aimed at facilitating helpful and useful conversations about changing health behaviours.

**How did your choice of conversation analysis enable the research findings?**

Conversation analysis pays detailed attention to the exact words or phrases that are used in a conversation, and how people respond to them. I then associated conversational data with what patients did next, to find relationships between conversations and patient action. This enabled me to find ways of talking about weight which were well received and led to patient attendance at weight watchers or slimming world.

**How did you initially get involved in working with PHE?**

We initially discussed my work on adult weight management, and gave brief advice to PHE for their adult weight management guide. Due to this existing relationship they knew about my systematic review of health behaviour change talk, and asked for input on their weight management guide for children and families.

**What impact do you expect the guidance will have?**

I hope this guidance will impact doctors, in that it will support them to have helpful conversations with their patients in an appropriate way. Overall, I hope it will impact patients, as their doctors will be able to confidently and appropriately offer free referrals and they can engage in conversations which could have a real health benefit.

**What has emerged from this research as an important area to look at in the future?**

Listening to audio recordings of primary care consultations, and conducting conversation analysis highlights overwhelmingly some excellent ways that doctors and patients can communicate. This research gives the opportunity to uncover these strategies and make them available for other doctors to use. There are many other conversations in primary care than can be difficult or sensitive and I think finding out ways to facilitate these is important for both doctors and patients moving forwards.

The curious thing about research...


“I would certainly get involved again and would encourage people to take that first step. You’ll not be disappointed!”

I want to return to something I mentioned earlier - the mix of people involved in the research group. I was equally surprised and encouraged by the range of different people in the group and whilst I had imagined that doctors would be involved in research, what I hadn’t appreciated was that most of the research team, (nurses, doctors and other allied healthcare professionals), were researching alongside their day jobs!

The other thing that I came to recognise over the course of the PSP, was how much of this vital research relies on professional curiosity and goodwill to make it happen. The next few months and the meetings (and virtual meetings) that followed, were awash with literature searches, debates on question parameters, plus a great deal of networking and cajoling of colleagues to get involved in the massive task of generating a body of important questions, that could then be boiled down to the top 10 research priorities the group was aiming for.

The group was drawn from across the UK, from Scotland down through the South East and across into the far South West, so virtual meetings using phones and screens became the norm. Managing this as well as making it work efficiently was an art form in its own right, and yet the team managed to put out a call for questions, collect, sort and categorise them, remove duplicates and then discuss and make the first cut in the process of prioritisation with the minimum of fuss. This process was repeated until we finally came up with the vital 10 questions.

Looking back over the course of the PSP project allows me to appreciate a number of things. Firstly, how alien the world of research is to the average UK citizen. As a nation, we are amongst the most generous financial contributors to scientific research, particularly through high street collectors and activity sponsorships like walks, fun runs and bike rides, yet when asked, few of those same citizens know any details of how their contributions are utilised. Secondly, research is an incredibly common activity amongst people who work within the health and social care sectors.

Alongside this, I have come to realise that a great deal of the research carried out in these fields is done as an adjunct to paid employment and is fuelled by scientific curiosity and a selfless desire to improve practice and outcomes. Finally, I recognise that all of this ongoing research activity is vital if the UK is to maintain its status as a renowned centre for health and social care research. This in turn attracts the necessary funds from across the world that are needed to fuel and encourage the often groundbreaking research the UK has become known for.

I would certainly get involved again and would encourage people to take that first step. You’ll not be disappointed!

This article originally appeared on the John Lind Alliance website at: www.jla.nihr.ac.uk/news/the-curious-thing-about-research/6883
Georgia Richards originally trained in Biomedical Science at the University of Queensland, Brisbane, Australia, where she helped support herself by working in a Pharmacy. She went on to do an Honours degree in Pharmacology – a yearlong independent research project – examining patients with chronic low back pain.

Despite originally thinking that she might take the path into medicine, Georgia succumbed the siren call of research, eventually applying to be a DPhil student in the Nuffield Department of Primary Care Health Sciences' Centre for Evidence-Based Medicine.

As part of her DPhil, Georgia’s research interests include the management of chronic non-cancer pain, evidence surrounding polypharmacy (taking multiple drugs for multiple conditions, often in untested combinations) and methods to reduce the over treatment and inappropriate use of pain medications, particularly opioid analgesics.

Georgia is funded by grants from the Rotary Foundation, the NIHR SPCR and the Naji Foundation.

How have you found the move to the UK and Oxford?

I'm really enjoying it! Struggling with the weather, but that's OK.

I think Oxford's a very special place. For me, being Australian, it's unique to live somewhere with such a long and inspiring history. You won't find buildings this old in Australia!

So, I'm loving it – missing my family, but not homesick – I'd like to stick around for a few more years after the DPhil before I go back home.

What was it that changed your mind from medicine to research and brought you to Oxford?

For me, it was a major decision. But I now feel very comfortable in research and I don't believe I'll go back to do medicine.

During my Honours research, I was observing patients with chronic low back pain who were prescribed opioids to manage their pain. This was where I got my first taste for research.

I saw many patients suffering from chronic pain and realised their treatments weren't that effective. I turned to the evidence and found it wasn't that great either, nor was it being applied in clinical practice.

This is where my interest in evidence-based medicine started and why I looked at Oxford University and the Centre for Evidence-Based Medicine.

From an epidemiology or public health perspective, good quality research has the potential to make a big impact – you can improve or change clinical practice to help patients at a local or global level. Although I'm certainly not suggesting that doctors don't have a huge impact on patients' lives!

So, I'm extremely happy to be here and have the opportunity to contribute to impactful research. However, my journey to Oxford was very difficult!

How was the journey difficult?

Well, mostly from a funding perspective – getting funding as an international student was challenging.

I applied for many scholarships and was unsuccessful in most of them. However, this is where the Rotary Foundation comes in.

My grandad, who was a Rotarian before I was born, has friends in Rotary and suggested I pitch my research to them. “I'm sure they'd love it!” He said.

The journey was not quite as simple as that, but I looked into the funding options available with Rotary,
and was successful in obtaining one of the 'Rotary Global Grants' from District 9710 in Canberra, Australia.

The success of the Rotary scholarship opened the door to other scholarships which have now fully funded my fees and university expenses – but if it wasn't for Rotary, I may not be here!

Where on that journey did you first come across PPI?

PPI definitely is a thing in Australia, apparently there are a few groups in Sydney doing some great work. But, unfortunately, in the research groups I've worked in and the research at university, we didn't talk about or participate in PPI.

For me, the first time I came across PPI was when I arrived in Oxford and met Lynne Maddocks [CLAHRC PPI co-ordinator] at the department’s orientation day for DPhil students. I then organised to catch up one-on-one with Lynne to talk through how and when I could use PPI in my DPhil.

The study I did in my Honours degree worked closely with patients. Though, I didn't talk to them prior to starting the study. Many of the discussions I had with patients during the study would have been beneficial before starting the research.

In the field of chronic pain, I believe speaking with patients is a particularly important aspect. What patients want and feel isn’t quite reflected in previous studies.

Can you tell me a bit about some of the work you’re doing at the moment, that you have involved or plan to involve PPI in?

At the moment, I'm in the very early phase of my DPhil, so I haven't specifically used PPI yet, it's more planning where PPI will fit in – in the future, PPI will definitely be an important part of my work!

That being said, I’ve done some talks at Rotary clubs in Canberra (Australia) and here in Oxford – my host club is the Rotary Club of Faringdon. I presented what I plan to do in my DPhil and got some great questions, they all put their hands up!

That, in itself, was a valuable experience, and a less formal version of PPI in terms of explaining the research and the Rotarians providing thoughtful feedback on it.

Were there any recurring themes from these talks or that kept coming up?

Definitely.

A lot of them asked about what treatments were available for low back pain and were shocked that good treatments just aren’t there yet.

People also asked about the risk of addiction to pain killers, which I think may be motivated by what’s been broadcast in the news, particularly surrounding the “war on drugs” in the US.

I did have to deflect a few clinical questions and say, “Sorry, as I'm not a clinician that's not something I can advise you about.”

Outside of work, what kind of things do you tend to get up to?

I've always loved running. I started that in high school when I was really stressed with exams. That was my release, and I've kept that up through University to now. Though I haven't had much experience running in the rain before, so the mornings I wake up and see it raining, that's a bit challenging...

Back at home a best friend and I would plan a run every year somewhere in Australia we had not been before, to have something to work towards while seeing a different part of Australia.

So, my plan is to do that while I'm here in the UK, and in other parts of Europe too. I'm booked into one in London for February, but am yet to get a plan together for others. I always try to find ways to mix work, running and travel as much as I can.

Do you come from a sciencey or medical family?

A lot of people I've met in the health or science realm have a family history of medicine or science. But not me!

My mum's in real estate and dad was in finance, now he's in sales. So they think I'm mad doing a DPhil, but that's OK.

My older brother, Kirk, is a pharmacist, and it was his pharmacy that I worked in as a student where I was first exposed to the prescription of opioids, so that's one link. And my baby sister, Isabella, – well she's not really a baby anymore, as she's now at university – studying civil engineering and commerce.

In my family and Australia more broadly, you go to university to study a particular degree which becomes your profession or gives you a job. So, if you study law, you're a lawyer. Or if you study pharmacy, then you're a pharmacist.

So, when it came to my choice of science, they were like, “Science? What can you do with that? How're you going to get a job?”

They hopefully now know what a PhD is, and that it's the training I need for the next phase of my career.

You can end up anywhere in science, and we must encourage more girls to give it a go! Scientific skills are very transferable, there is so much you can do!
Where you first came across PPI?
It was actually through Oxford Rotary Club. The different Rotary clubs tend to do slightly different things, and one thing we do is to have a speaker every week on a different topic.

Lynne Maddocks [CLAHRC PPI co-ordinator] came and gave one of these talks about PPI.
I thought that, as an ex-med, being able to put some input into local research would be good, and so I signed up with her.

How did your involvement in Rotary come about?
It came about because my wife knew two people in Rotary. She was – still is – a trustee for a charity called Restore, which provides accommodation for people who might have otherwise been homeless, people with learning difficulties or difficult lives in some way. And the chairman is a Rotarian in Oxford.

My wife was also a medic, and secretary of the Oxford branch of the ‘Women’s Medical Federation’. Another member of that was also a Rotarian, so between them, they talked us into joining about five years ago.

Rotary used to be all male, but in the last thirty years or so, it’s started to accept women members as well, and we joined as husband and wife.

What do you do in Rotary?
[Laughing] Well, I do very little ... I do much less than a lot of people.

In fact my wife came into Oxford with me today for a Rotary council meeting, and I left her to do that while I talk to you. But we shall go and have lunch together with the Rotary Club.

What does Rotary do?
Rotary supports local people, as well as providing support and scholarships to people. It’s involved in a number of local fundraising programmes.

For example, we used to organise a fun-run every year around the Oxford parks, though that’s not happening this year. And we also help the Oxford Roundtable with the Bonfire Night fireworks on Headington Hill.

There’s a number of other things we do, such as old people's tea parties, and a number of events that we get involved with each year, some of which are providing things for other people, some of which are fundraising. The fireworks is a big fund raiser.

Worldwide, the Rotary has been very much involved in the eradication of polio, and providing disaster recovery packs – tents, water and food, that kind of thing – for emergencies world-wide.

Have you and your wife always had some involvement in charity?

Jonathan Ferrier was a GP for 25 years, starting in London, then in West Oxfordshire. He started a new practice in Witney in the early 1990s with his wife and then, he says, took early retirement from it.

Fully retired though, he was not.
He subsequently trained to teach dyslexic people and young offenders in prison. He went on to become a dyslexia assessor, and developed a computer-based dyslexia assessment tool.

Jonathan has also managed property for most of his life, ruefully acknowledging that upon retiring he realised he’d made about twice as much money from that as he did from being a GP by “basically doing nothing, it just went up in value”.

Jonathan is also a member of the Rotary.
Well, I would have done more. We had a field that we wanted to build on for learning disabled people, but it was a long battle because some local people were concerned about the loss of green space, although we were going to keep most of it open. The local conservatives fought us about it and stopped us from doing that project.

We eventually got planning permission to build on some of the field a couple of years ago, but not for that project. This permission is for some building and for an open space, (which is what we'd always intended), and now that's in a charitable trust. It's basically a community orchard for preserving and managing fruit trees.

And what have you done around PPI so far?
Well, I haven't really got to do very much PPI yet, but I have signed up.

I've tended to be involved in one way or another in a number of research projects since I retired. For instance, I was also a participant – rather than a PPI contributor – in a local trial for an AIDS vaccine. In fact I've had two variations of that vaccine tested on me.

I'm also involved as a patient in a long-term blood pressure study based in Edinburgh and a flu vaccine study.

Did you have any anxieties or concerns about being a PPI contributor?
I'm quite comfortable in that kind of situation, talking with researchers or health professionals.

I think I can hold my own, so I'm not worried.

I guess it's different coming at these things from a patient perspective rather than a medic or research?
Well, of course, I've been a patient for a variety of minor conditions for many years one way or another. From a patient's point of view it is quite interesting.

For example, I had a back operation a number of years ago and gave feedback to the Nuffield Orthopaedic Centre when I had the operation.

Your feedback was more around the patient experience side of things, rather than research?
The patient experience for me, back then, was really pretty unpleasant – it's definitely much more organised and much better now.

What sorts of things do you do for hobbies and spare time?
My biggest outside interest is music, I do a lot of singing. I'm a member of a choral society and sing in a group who fill in for cathedral choirs.

My daughter is married and lives in Montenegro, so we have property out there as well, and we visit them three or four times a year.

We have a large garden and I do a fair amount of gardening, particularly developing fruit trees.

My main project would be to develop what they call a 'family tree', an apple tree which would have three different grafts on it. That would be a couple of eating apples and a cooker, on quite a small tree which I think would do well for houses with small gardens.

I've been grafting apple trees now for about 20 or 30 years. That's quite fun, - simple and rewarding.

Anything I've not asked that you'd perhaps like to mention?
Just that I'd like people to get the concept that Rotary is about friendship and fund raising.

And also, from the health service point of view, I think things are looking terrible! I think that we've reached a point where something needs to happen, and we need a big discussion as to actually how we're going to run and fund healthcare for the future.

Although the guiding principle of the health service is free at the time of need, it also needs to be available at the time of need!

I'm in my 70s, so I've got maybe 10 or 15 years left. I don't want to spend half of those on a waiting list, waiting for something to happen.

Engaging with patients and the public
Jonathan Ferrier signed up to be a public contributor following a presentation from Lynne Maddocks at the Oxford Rotary Club on the topic of patient and public involvement in research.

This is just one of the ways Oxford University and the NIHR are reaching out to new groups and communities across Oxford and the Thames Valley, as part of our continued efforts to give as wide a range of people as possible a say in what research is done and how.

We also take every opportunity, such as at the Curiosity Carnival (Page 1) or Oxfordshire Science Festival, not just to demonstrate or showcase the work we and our partners are doing, but to also open up to the local community and invite them to have a say in what and how health and social care research is done, as patient and public contributors.

If you are based in the Thames Valley area and would like to get involved in our work as a public contributor, or if you have any questions, please email us (ppi@phc.ox.ac.uk) or call on (01865) 617198.
As always the INVOLVE conference was a good opportunity to meet up with friends and colleagues but also to introduce myself to some PPI Contributors that had previously just been email contacts to me. One of these was Simon Stones who led one of the opening sessions with a clear message “Patients won’t be part of the conversation in the future... they’ll be leading it”.

I rarely remember the big set pieces at a conference, but instead am struck by the occasional throw away remark. David Coyle is a co-applicant at Devices for Dignity and I was impressed by him saying that patients need to walk in the shoes of the researchers too, appreciating their frustrations and acknowledging their passion. It is great that there is now an ongoing conversation about what makes the difference between a co-app and good PPI.

It is always inspiring to hear stories of how PPI can be done. I was particularly struck by a project at Great Ormond Street hospital which got young patients involved in systematic review research – surely the pinnacle of tricky PPI!

I came away from the conference with a big list of actions which is always a good sign. I also came away pleased to be a small part of something so positive.
It was a pleasure to see plenary presentations co-produced and delivered by public contributors. Sophie Ainsworth is a young contributor and project lead for Raising Awareness of (Invisible) Illness in Schools and Education (RAiISE) presented with INVOLVE’s Director Zoe Gray about the last 21 years of public involvement in England.

Simon Stones, a Young Service User-Researcher and Generation R Member, talked about his journey from diagnosis to involvement, to his PhD research in young person’s involvement in medical research. Laila Xu is a London Young Person’s Advisory Group Member, and spoke about the importance of their work at Great Ormond Street Hospital, as patients and healthy young members of the public.

All presenters spoke with an enthusiasm that was inspiring, and they clearly demonstrated the value of involvement both to researchers and them personally as contributors.

Dr Emma Palmer-Cooper, PPI Lead, NIHR SPCR
The University of Oxford Nuffield Department of Primary Care Health Sciences has a Patient and Public Involvement strategy, and welcomes public feedback.

The strategy can be found online at: www.phc.ox.ac.uk/ppi

Let us know if you think we’re on the right track by emailing us (ppi@phc.ox.ac.uk) or call us on (01865) 617198

It is supported by a checklist to help our staff understand how they might help the strategy become a reality: www.phc.ox.ac.uk/ppi/information-for-researchers